

# **MICROBIOLOGY OF HARSH ENVIRONMENTS**

**Dates:** June 11-15, 2007

**Location:** Weber State University and Yellowstone National Park

**Credit:** USOE or 3 WSU semester hours (MEDUC 6660/ Microbes of Harsh Environments)

**Instructor:** Dr. Craig Oberg

**Instructor Contact Information:** Dr. Oberg (coberg@weber.edu)

**Registration Fee and Deposit:** \$275 registration fee; \$40 deposit payable to WSU

**Send registration form and deposit to:**

Dr. Sharon Ohlhorst  
Center for Science and Mathematics Education  
Weber State University  
2509 University Circle  
Ogden, UT 84408-2509  
(801-626-6160)  
[csme@weber.edu](mailto:csme@weber.edu)

**Registration Contact Information:**

Dr. Sharon Ohlhorst or Jodie Kempton : [csme@weber.edu](mailto:csme@weber.edu); 801-626-6160

**Course Description:**

Participants in this workshop will meet at Weber State University and spend two days collecting samples from unique habitats along the Wasatch Front, preparing media, and conducting experiments in the lab. During the last three days of the course the class will study microbes found in the thermal features of Yellowstone National Park. We will have a behind-the-scenes opportunity to see, examine, and learn about one of the most unique microbial environments in the world. We will collect samples at many of the sites during the week and conduct some experiments both at WSU and at YNP. Wednesday and Thursday evenings we will camp out in the Yellowstone area.



# 2007 Science Professional Development Registration Form

*(Duplicate as Necessary)*

Mail to:

Workshop Contact:

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
Principal

☐ **DISTRICT** \_\_\_\_\_  
District Representative

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

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*Return this completed registration form and your refundable deposit check to the workshop contact listed above.*

**A separate registration form must be submitted for each workshop you plan to attend.**